


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000064362  
1. Entity Name  
TIMOTHY A. SETTERLUND, P.A.



Principal Place of Business      Mailing Address  
7301-A W PALMETTO PARK RD #305C      7301-A W PALMETTO PARK RD #305C  
BOCA RATON, FL 33433      BOCA RATON, FL 33433

**DO NOT WRITE IN THIS SPACE**



02222005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
65-0856247      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when relocating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SETTERLUND, TIMOTHY A 2173 WEST DISCOVERY CIRCLE DEERFIELD BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000244136  
02/26/05-80008-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy A Setterlund      TIMOTHY A SETTERLUND      02/22/05 (561)338-9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #